STATE OF N DEPARTME ENERGY C WOOD EI

STATE OF MISSOURI DEPARTMENT OF NATURAL RESOURCES

ENERGY CENTER WOOD ENERGY TAX CREDIT APPLICATION

DNR CONTROL NUMBER:

DEPARTMENT USE ONLY

2	₹ ∰ WOOD ENERGY TAX CREDIT APPLICATION			
(Use a separate Form for each product type)		DATE:		
Apı	plication for tax credit for wood energy products is hereby made under the	e CERTIFYING AUTHO	RITY	
provisions of 135.300 to 135.311 RSMo. The following information is given in				
	oport of this application.			
1.	TYPE OF ENTITY CORPORATION S CORPORATION PART	NERSHIP	SOLE PROPRIETORSHIP	
2.	APPLICANT/OWNER NAME			
3.	APPLICANT'S BUSINESS NAME			
4.	BUSINESS ADDRESS		TELEPHONE NUMBER	
5.	st processed wood product company produced to qualify as a wood energy producing facility.			
	Explain briefly the type of Missouri forestry industry residue used and how processed:			
	nclose with the application supporting documentation indicating the number of tons of processed wood products produced during the receding calendar year and the name and address of the person to whom processed products were sold and the number of tons sold to ach person.			
Did you or your company purchase any processed wood products?				
	Have they been included in this tax credit request calculation?			
If yes - deduct purchased amount from the total to compute the tax credit. Number of tons of processed wood products: Number of tons of purchased processed wood products: – Net tons presented for tax credit: \$5/TON OF CHARCOAL PROCESSED TIMES A FACTOR OF 4 = TAX CREDIT.				
	\$5/TON OF ALL OTHER PROCESSED WOOD PRODUCTS = T			
7.	CALENDAR YEAR BEGINNING CALENDAR YEAR	ENDING		
9.	SOCIAL SECURITY NUMBER FEDERAL OR	TAX I.D. NUMBER		
10.	MISSOURI CHARTER NUMBER (IF CORPORATION) 11. MISSOURI INT	EGRATED TAX NUMBER (M	ITS)	
12.	THIRD PARTY ASSIGNMENT			
13.	THIRD PARTY'S NAME			
THI	RD PARTY'S ADDRESS			
-				
THIRD PARTY'S SOCIAL SECURITY NUMBER FEDERAL TAX I.D. NUMBER AND/OR				
	AND/OR MITS NUMBER_			
Се	rtification of assignment and other appropriate forms must be filed with	Department of Rev	enue, (573) 751-5819.	
14. Did you or your company use the federal wood tax credit this calendar year? \Box Yes \Box No				
I certify that the information on the above application is true to the best of my knowledge.				
SIG	NATURE OF APPLICANT TITLE		DATE	

FOR DEPARTMENT OF REVENUE USE ONLY